448

MAY 1 6 2006

- PART B - FEE(S) TRANSMITTAL

Computer and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590

02/17/2006

William F. Lang, IV Eckert Scamans Cherin & Mellott, LLC 44th Floor 600 Grant Street Pittsburgh, PA 15219 Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or wansmission.

Certificate of Mailing or Transmission
I hereby certify that this Feo(s) Transmittal is being deposited with the United
States Postal Service with sufficient postage for first class mail in an envelope
addressed to the Mail Stop ISSUE FEE address above, or being facsimile
transmitted to the USPTO (571) 273-2885, on the date indicated below.

Nancy Bayne	(Depasitor's name
Jorg Dayne	(Signature)
May 16, 2006	(Date)

 APPLICATION NO.
 FILING DATE
 FIRST NAMED INVENTOR
 ATTORNEY DOCKET NO.
 CONFIRMATION NO.

 10/825,448
 04/15/2004
 Stephen Wieland
 370020-00025
 8327

TITLE OF INVENTION: NON-LOAD DRIVEN FAULT MONITOR FOR ELECTRICAL CIRCUITS

APPLN, TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL	EEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$300	s	1700	05/17/2006
EXAMINER BENSON, WALTER		ART UNIT		CLASS-SUBCLASS	7		
		2858		324-525000	_		
Change of correspondence	e address or indication of "F	cc Address* (37	2. For prin	ting on the patent front page,	list		·
CFR 1.363). Change of correspondence address (or Change of C Address form PTO/SB/122) attached.		Correspondence	or agents (mes of up to 3 registered pata OR, alternatively,	-		berg Traurig LL
	tion (or "Fee Address" Indicate more recent) attached. Us	ation form c of a Customer	registered 2 registere	ne of a single firm (having as attorney or agent) and the na id patent attorneys or agents. I name will be printed.	mes of up to	2 Harry	A. Hild, Jr.
. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	HE PATENI	(print or type)	•••		
PLEASH NOTE: Unless	an assignee is identified be	low, no assignce	data will app	car on the patent. If an assignment.	nce is identifi	ed below, the	document has been filed fo
recordation as set forth it	37 CFR 3.11. Completion	oi ibis torm is NO	a substitute	ior niing an assignment.			AAAAAAA AAAAAA AA
recordation as set forth it (A) NAME OF ASSIGN	137 CFR 3.11. Completion EE	of this form is NO	(B) RESIDE	NCE: (CITY and STATE OR	COT/16/200	6 HDEMESS2	00000024 011000 10
recordation as set forth it (A) NAME OF ASSIGN Alcoa Inc.	ÉE	oi ibis iom is NO	(B) RESIDE	for Aling an assignment. NCE: (CITY and STATE OR ttsburgh, Pennsy	ርዕህልየዚያን" 1 0₺ £ፀ₺15 0	1 140	00000024 011000 10 00.00 DA 00.00 DA
(A) NAME OF ASSIGN Alcoa Inc	EE .		(B) RESIDE Pi	NCE: (CITY and STATE OR	2000 ATKY) 1045 FC:15 02 FC:15	1 140 04 3	00.00 DA 00.00 DA
(A) NAME OF ASSIGN Alcoa Inc clease check the appropriate a. The following fee(s) are	EE Assignee category or catego	ries (will not be pri	(B) RESIDE Pi inted on the p. Payment of	NCE: (CITY and STATE OR ttsburgh, Pennsy atent): Individual	COUNTARY) 104 FE:15 02 FC:15 Corporation or	1 140 04 3	00.00 DA 00.00 DA
(A) NAME OF ASSIGN Alcoa Inc clease check the appropriate a. The following fee(s) are	EE assignee category or category creatego	rius (will not be pri 4b	(B) RESIDE Pi inted on the p Payment of A check i	NCE: (CITY and STATE OR ttsburgh, Pennsy atent): Individual (Fee(s): in the amount of the fee(s) is e	104 FB: 150 02 FC: 15 Corporation or nolosed.	1 140 04 3	00.00 DA 00.00 DA
(A) NAME OF ASSIGN Alcoa Inc lease check the appropriate a. The following fee(s) are by Issue Fee Publication Fee (No s	e assignee category or categorical careful category and category are category and category are category as a category and category are category as a category and category are category as a category as a category as a category are category are category as a category as a category as a category are category as a c	rius (will not be pri 4b	(B) RESIDE Pi inted on the p Payment of . A check i . Payment	NCE: (CITY and STATE OR ttsburgh, Pennsy atent): Individual (Fee(s): in the amount of the fee(s) is e by credit card. Form PTO-203	104 FRESTS 104 FRESTS 02 FC:15 corporation or nelosed. 8 is attached.	1 140 04 3 other private gr	00.00 DA 100.00 DA roup entity Government
(A) NAME OF ASSIGN Alcoa Inc Clease check the appropriate a. The following fee(s) are	e assignee category or categorical careful category and category are category and category are category as a category and category are category as a category and category are category as a category as a category as a category are category are category as a category as a category as a category are category as a c	rius (will not be pri 4b	(B) RESIDE Pi inted on the p. Payment of A check in Payment	NCE: (CITY and STATE OR ttsburgh, Pennsy atent): Individual (Fee(s): in the amount of the fee(s) is e	101 FC:15 101 FC:15 Corporation or nelosed. 8 is attached.	1 140 04 3 other private gr	00.00 DA 100.00 DA roup entity Government
(A) NAME OF ASSIGN Alcoa Inc Clease check the appropriate a. The following fee(s) are b) Issue Fee Publication Fee (No s Advance Order - # of	e assignee category or categorical careful category and category are category and category are category as a category and category are category as a category and category are category as a category as a category as a category are category are category as a category as a category as a category are category as a c	rius (will not be pri 4b	(B) RESIDE Pi inted on the p. Payment of A check in Payment	NCE: (CITY and STATE OR Lttsburgh, Pennsy alent): Individual (Sec.) Fee(s): In the amount of the fee(s) is en- by credit card. Form PTO-20	101 FC:15 101 FC:15 Corporation or nelosed. 8 is attached.	1 140 04 3 other private gr	00.00 DA 100.00 DA roup entity Government
(A) NAME OF ASSIGN Alcoa Inc lease check the appropriate a. The following fee(s) are because Fee Publication Fee (No s Advance Order - # of Change in Entity Status a. Applicant claims Si	e assignee category or categorical category of categorical category of categorical categor	ries (will not be pried) 4b 2d) 37 CFR 1.27.	(B) RESIDE Pi inted on the p. Payment of. A check i Payment The Direct Deposit A	NCE: (CITY and STATE OR .ttsburgh, Pennsy atent): Individual Fee(s): In the amount of the fee(s) is entire to the fee of the fe	101 FG:150 101 FG:150 102 FC:15 Corporation or nelosed. 8 is attached. arge the requir	1 140 04 3 other private greed fec(s), or cre (enclose an ext	colit any overpayment, to tra copy of this form).
(A) NAME OF ASSIGN Alcoa Inc lease check the appropriate a. The following fee(s) are because Fee Publication Fee (No s Advance Order - # of Change in Entity Status a. Applicant claims Si	e assignee category or categorical category of categorical category of categorical categor	ries (will not be pried) 4b 2d) 37 CFR 1.27.	(B) RESIDE Pi inted on the p. Payment of. A check i Payment The Direct Deposit A	NCE: (CITY and STATE OR Lttsburgh, Pennsy alent): Individual (Sec.) Fee(s): In the amount of the fee(s) is en- by credit card. Form PTO-20	101 FG:150 101 FG:150 102 FC:15 Corporation or nelosed. 8 is attached. arge the requir	1 140 04 3 other private greed fec(s), or cre (enclose an ext	colit any overpayment, to tra copy of this form).
(A) NAME OF ASSIGN Alcoa Inc lease check the appropriate a. The following fee(s) are Elease Fee Publication Fee (No s Advance Order - # of Change in Entity Status a. Applicant claims Si	e assignee category or categorical category of categorical category of categorical categor	ries (will not be pried) 4b 2d) 37 CFR 1.27.	(B) RESIDE Pi inted on the p. Payment of. A check i Payment The Direct Deposit A	NCE: (CITY and STATE OR .ttsburgh, Pennsy atent): Individual Fee(s): In the amount of the fee(s) is entire to the fee of the fe	104 Fig. 150 104 Fig. 150 105 Fig. 150 106 Fig. 150 107 F	1 140 04 3 other private greed fec(s), or cre (enclose an ext	colit any overpayment, to tra copy of this form).

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application from to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing his burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

MAY 1 6 2006 W

PTO/SB/97 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

And Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unitess it contributes a valid OMB control purpler.

To:

Issue Fee

Total Pages: 3

Fax:

571-273-2885

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office

may 16, 2006

Date

Nancy Bayne

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Stephen Wieland et al.

U.S. Serial No. 10/825,448

Filed April 15, 2004

Attorney Docket: 06-0201 (370020-00025)

Form PTOL-85 (dupl)

Burdon Hour Statement: This form is estimated to take 0.03 hours to complete. Time will vary depending upon the needs of the individual case, Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.